

# FEE TRANSMITTAL For FY 2006

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Complete if Known**

Application Number	10/714,389
Filing Date	November 13, 2003
First Named Inventor	Davin C. Dillon
Examiner Name	Teresa E. Strzelecka

Applicant claims small entity status. See 37 CFR 1.27

Art Unit

1637

**TOTAL AMOUNT OF PAYMENT** (\$1,020)

Attorney Docket No.

210121.491D1

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments  Charge any underpayments or credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**
**Fee Description**

Each claim over 20 (including Reissues) **Small Entity**  
**Fee (\$)** **Fee (\$)**  
 50 25

Each independent claim over 3 (including Reissues) **Fee (\$)**  
**Fee (\$)**  
 200 100

Multiple dependent claims **Fee (\$)**  
**Fee (\$)**  
 360 180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
6 -20 or HP =	0 X	_____	= _____	<span style="float: right;"><b>Fee (\$)</b></span> <span style="float: right;"><b>Fee Paid (\$)</b></span>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
2 -3 or HP =	0 X	_____	= _____

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

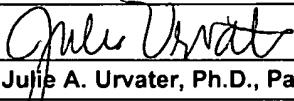
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
-100 =	/50 =	(round up to a whole number)	x	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**  
**Fee (\$)**  
 \_\_\_\_\_

Other (e.g., late filing surcharge): Three month extension of time fee **1,020**  
**Fee (\$)**  
 \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	50,461	Telephone	206-622-4900
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent Agent		Date	September 18, 2006	

**TRANSMITTAL  
FORM**

*(To be used for all correspondence  
after initial filing)*

EXPRESS MAIL NO. EV529805431US



<b>TRANSMITTAL FORM</b> <i>(To be used for all correspondence after initial filing)</i>	Application Number	10/714,389
	Filing Date	November 13, 2003
	First Named Inventor	Davin C. Dillon
	Art Unit	1637
	Examiner Name	Teresa E. Strzelecka
	Attorney Docket No.	210121.491D1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Transmittal <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <hr/> <hr/> <hr/> <hr/>
<u>Remarks</u>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number <b>00500</b>
Signature		
Printed Name	Julie A. Urvater, Ph.D., Patent Agent	
Date	September 18, 2006	Reg. No. 50,461

CERTIFICATE OF TRANSMISSION/MAILING		
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</p>		
Signature		
Typed or printed name	Date:	